

ruthless discrimination against the most defenceless group. Throughout history, people were first dehumanized, not regarded as people, then used or killed.

Another consequence of lack of principles is that quality gives way to quantity. We become alarmed by the "epidemic" proportions of abortions; we talk about percentages as if we were talking about cattle. We seek stricter laws and supervision to reduce the "rate". I believe that if we do a morally right procedure it is irrelevant whether 10 or 1000 abortions are performed. Yet the literature is full of this concern with numbers and percentages.

It is not difficult to find examples of the paradoxical situation in which in one room of a hospital a battle is being fought to maintain the life of a brain-damaged infant or an infant with gross congenital defects, while in an adjoining room a healthy life is being disposed of because it is unwanted by one person.

Teenagers who indulge in sexual activity without being mature enough to raise a child or even use preventive measures also cannot put the responsibility for their pregnancy on the shoulders of physicians. But it is the responsibility of their parents, the society and the medical profession to teach them the responsibility that goes with sexuality.

Physicians' attention must be focused on preventing the occurrence of those situations in which abortion may be justifiable. If we advocate abortion for the sake of convenience we shall be encouraging the development of a generation of irresponsible people with a cynical view of the beginning of human life.

The Oath of Hippocrates should serve as a means of drawing the members of the medical profession together irrespective of religious or philosophical differences. As it is now, we are the passive onlookers of a debate between fanatically rigid groups.

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Accidental hypothermia

To the editor: I read with interest the case of the 5-year-old boy who survived cold water immersion for 30 minutes (*Can Med Assoc J* 111: 1330, 1974). Dr. Hunt is to be commended for his prompt and effective measures, which undoubtedly saved the boy's life.

The relatively small body mass of a 5-year-old exposed to cold water (as opposed to air) would be conducive to rapid loss of body heat. His heavy winter clothing no doubt greatly modified this loss.

However active the diving reflex may have been on immersion, undoubt-

edly the degree of hypothermia recorded on arrival in hospital contributed significantly to the diminished responses of the cardiovascular, respiratory and central nervous systems noted on first examination.

The problems of safe rewarming — whether to attempt it before reaching hospital and what type of supportive therapy to use en route — are matters that concerned Dr. Zingg and myself when we were preparing our review of "Cold injury in civil disaster" (*Can Med Assoc J* 87: 1196, 1962). We recommended rapid rewarming by immersion in warm water until a body temperature of about 32°C was reached for patients so hypothermic that physiologic rewarming mechanisms are abolished and there is a serious risk of cardiac arrest. Continued vigorous external rewarming beyond that temperature was considered to carry a risk of "overshoot" or "rewarming shock".

Since physicians usually face this problem as an unexpected emergency situation with which they have had no previous experience and since the prognosis from accidental hypothermia in young healthy people by immersion in cold water is better than the first clinical impression, I would like to reinforce the reminder Dr. Hunt has given us.

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The irritable colon

To the editor: "The irritable colon" by W. G. Thompson (*Can Med Assoc J* 111: 1236, 1974) is an extremely well written and worthwhile article. As the author points out in the introductory paragraph, countless names have been coined for this entity. Many of these terms imply that the motility disorder is confined to the colon. Previous studies¹⁻³ suggest that such may not be the case. Until this issue is resolved, it would seem that the name "irritable bowel syndrome" is perhaps more appropriate.

The occasional patient with the diarrheal form of the syndrome is extremely difficult to control. In such a case, particularly when narcotics are being considered, a trial of cholestyramine may be worth while.⁴

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Age of consent

To the editor: In 1974 in Ontario a regulation in the Public Hospitals Act¹ was revised to allow a patient 16 years of age to give consent for a procedure to be carried out on himself within a public hospital. Under section 39, subsection O(a), the minister of health has been given the power to set the requirements to be satisfied for "obtaining a valid consent for any surgical operation, diagnostic procedure or medical treatment, the method of obtaining such consent, the conditions under which such consent may be dispensed with and specifying the age or ages at which and under what conditions a patient may give a valid consent for surgical operation, diagnostic procedure or medical treatment to be performed on himself".

In recent months much confusion has arisen over the validity of this authority, especially as it relates to the law of torts. It is obvious that the only purpose of the Public Hospitals Act is to protect the "institution" against civil litigation and not to protect the physician. In other words, what constitutes a valid consent for the hospital does not necessarily hold true for the physician. He is still liable because three conditions must be present before any consent is legally valid (if this is indeed possible): (1) the patient must be fully informed, (2) the patient must be legally competent and (3) the consent must be freely given.

Whereas in the Venereal Diseases Prevention Act,² section 21, the age of 16 is deemed to be sufficient to give consent for the purpose of treatment by the attending physician, no such release from liability is present in the Public Hospitals Act, nor is there meant to be.

The Canadian Medical Protective Association has made it clear to all its members that there is no common-law precedent for a 16-year-old patient giving consent for a surgical procedure to be performed on himself; hence, it has been recommended that a parent or guardian sign for the 16-year-old patient (under nonemergency conditions).

Since the new regulation to the Public Hospitals Act has come into effect (and I personally believe that this should have been a decision of Parliament as a whole, reflecting the peoples' wishes, and not just the opinion of the minister and his advisers) abortions are being carried out on 16-year-old patients without the physician knowing exactly what his legal position is with respect to the possibility of civil action being brought against him by the parents or guardians of these children.